The Future of Medical Education in Canada Postgraduate Project

Creating a More Effective Continuum from Medical Student to Practising Professional

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A Consortium Partnership Project
FMEC PG Project Goal

• To conduct a thorough review of resident education in Canada and establish whether the structure and processes are designed to meet societal needs.
• Funded by federal government (Health Canada)
• Partnership consortium with the association of medical schools (AFMC) and the 3 certifying and accrediting colleges for resident education (CFPC, CMQ, RCPSC)
Consultation & Reporting Phase

• Consultation and Engagement
• Environmental Scan
• Survey of Resident Program Directors
• International Consultations
• Public Panel
• National Launch March 2012
• Letters of support from key organizations
A COLLECTIVE VISION FOR POSTGRADUATE MEDICAL EDUCATION IN CANADA

2012

UNE VISION COLLECTIVE POUR LES ÉTUDES MÉDICALES POSTDOCTORALES AU CANADA

2012

Serving Canadians – Educating Tomorrow’s Doctors Today • Au service des Canadiens – Former aujourd’hui les médecins de demain
FMEC PG Recommendations

Rec 1: Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

Rec 2: Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

Rec 3: Create Positive and Supportive Learning and Work Environments
FMEC PG Recommendations

Rec 4: Integrate Competency-Based Curricula in Postgraduate Programs

Rec 5: Ensure Effective Integration and Transitions along the Educational Continuum

Rec 6: Implement Effective Assessment Systems
FMEC PG Recommendations

Rec 7: Develop, Support, and Recognize Clinical Teachers

Rec 8: Foster Leadership Development

Rec 9: Establish Effective Collaborative Governance in PGME

Rec 10: Align Accreditation Standards
Implementation Phase

• Additional funding received by Health Canada for transitions, governance and accreditation recommendations
• Consortium partners supporting secretariat
• Work continues on other recommendations
• Ongoing alignment with FMEC MD
• FMEC CPD just launched
Ensure Effective Integration and Transitions along the Educational Continuum

The Canadian PGME system prepares physicians for practice. This requires development through the increase of responsibility across the medical education continuum and effective transitions from UGME into PGME, within PGME, and from PGME into practice.
Rec # 5 Implementation

- Implementation Committee led by Dr. Kam Rungta and Dr. Jay Rosenfield, including representation from ACAHO, AFMC, CAIR, CaRMS, CFMS, CFPC, CMQ, PG Deans, UG Deans, RCPSC, MCC, FMEQ, FMRAC, FMRQ, and AAMC

- Three sub-committees:
  - Transition from Medical School to Residency
    Led by Dr. Andrew Warren and Dr. Bruce Wright
  - Career Planning and Residency Matching Process
    Led by Dr. Anthony Sanfilippo and Dr. Anurag Saxena
  - Transition from Residency to Practice
    Led by Dr. Maureen Shandling and Dr. Joshua Tepper
Rec # 5 Implementation

- **Sep-Dec 2012**
  - Engage senior academic consultants

- **Apr-Dec 2013**
  - Identify options and pilot projects for:
    - Redesigned and systems for entry into residency
    - Practice and streamlined entry disciplines

- **Jan 2013**
  - Strike implementation committee and working groups to define issues at critical transition points and identify discrete activities to enhance transitions

- **Jun 2014**
  - Design transition improvement pilots (models and sets of competencies)

- **Nov 2014**
  - Refine transition improvement pilots and agree upon reporting plans

- **Jan 2014**
  - Identify piloted models or sets of competencies

- **Nov 2015**
  - Assess transition improvement pilots

- **Apr 2015**
  - Oversee launching of transition improvement pilots
Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:

*Leadership*: ACAHO, AFMC (committees on UGME and PGME), CAIR, Canadian Resident Matching Service (CaRMS), CFMS, CFPC, CMQ, FMEQ, FMRQ, MCC, medical schools, RCPSC.
Recommendation 5 Action 1a Proposals

Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:

a. Review and redesign current practices and systems (e.g., the entry-into-residency process).

Potential Projects:

1) Identify best practices for selection into residency programs

2) Consider integrated pre-entry programs from UG to PG
Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:

b. Link the individual learner competencies developed in MD training with the educational objectives set for the resident.

Potential Projects:

1) Develop exit (UG)/entry(PG) milestones/EPA’s

2) Integrated learner handover/portfolio

3) Creating more formality, structure and support around peer mentorship - coaching early, mid and end of residency and into practice
Recommendation 5 Action 1c Proposals

Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:

c. Review the timing of national examinations.

Potential Project:

CFPC has already harmonized certification examination with the MCC part 2 examination, RCPSC considering moving examinations earlier and also in talks with MCC regarding harmonizing of the MCC examinations for some. More flexible timing of MCC Part I
Recommendation 5 Action 1d Proposals

Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:

d. Develop strategies to increase flexibility to switch disciplines while in training or when re-entering residency training.

The CFPC and RCPSC move to a competency based model of education will help with this action
Recommendation 5 Action 2

Review and determine the ideal length and content of PGME training based on competencies required for readiness to practice, including the skills needed to maintain competency in the breath of the specialty, rather than on traditional time-based models.

*Leadership: AFMC (Committee on PGME), CFPC, CMQ, RCPSC.*

This is underway by both accrediting/certifying colleges.
Recommendation 5 Action 3

Provide current information regarding career opportunities to students and residents prior to their residency selection with CaRMS.

*Leadership: AFMC (committees on UGME and PGME), medical schools, F/P/T governments.*

**Potential Projects:**

The Physician Resource Planning Task Force co chaired by AFMC and Government have made a decision to develop tools to provide on going information to students and residents regarding physician resources to help guide career choice.

Common materials/standards be developed by career counselling groups across the country.
Recommendation 5 Action 4

Facilitate collaboration between PGME and UGME programs to ensure that the latter appropriately prepare students for entry into residency (e.g., through a rigorous and flexible use of the final year of medical school that places emphasis on the acquisition of the skills needed for residency).

Leadership: AFMC (committees on UGME, PGME).

Potential Project:

Involvement of certifying colleges in the clinical education of medical students for eg. development of a common portfolio that spans the medical education continuum into practice.
Recommendation 5 Action 5

Develop a pan-Canadian approach to resident orientation that includes assessment and supplementary learning modules for IMGs, as needed, to ensure their readiness to begin PGME.

*Leadership: AFMC (Committee on PGME), CAIR CFMS, FMEQ, FMRQ.*

**Potential Project:**

Following CaRMS, launching a boot camp for learning in the discipline to which students match.
Break out groups

Three proposals to consider

1) Development of Graduation EPA’s

2) Mentorship programs from residency into practice

3) Integrated pre-entry program from UG to PG
Task:

– How can this be designed and implemented
– Identify challenges and suggestions for overcoming them
– Suggest how to measure and evaluate outcomes
Medical School → Residency → Practice

Early Medical School

First stream, transition to residency

Late Residency/Restricted-License

Full Practice

Medical School

Post CaRMS Match boot camp, transition to residency

Late Residency/Restricted-License

Full Practice

MD, UME

PGME, RCPSC, CFPC

RCPSC, CFPC, CMQ involvement

MD, UME

PGME

RCPSC, CFPC, CMQ involvement